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VERATRUM VIRIDE AS AN ARTERIAL SEDATIVE.

[Communicated to the Middlesex East (Mass.) District Medical Society, July 8th, 1857. WILLIAM ISGALLS, M.D., Secretary.]

BY EPHRAIM CUTTER, M.D.

ABOUT five years ago, Dr. Norwood, of South Carolina, called the attention of the profession to the fact that the veratrum viride was eminently an arterial sedative. He stated that with it he could reduce the frequency of the pulse at will. He used it in the form of saturated tincture. He administered it to adults in quantities of eight drops, repeating the dose every three hours, "increasing by one drop at each dose until the pulse is reduced or nausea and vomiting are occasioned, when it is to be diminished one half, and continued as long as may be necessary to prevent a return of the symptoms."

Wishing to make a trial of the truth of Dr. Norwood's statements, the writer, early last fall, prepared a tincture from the fresh indigenous plant. The roots, dug from the edge of a mountain streamlet, were dried over the register of a hot-air furnace, then pulverized, and macerated a week or two in something more than an equal measure of 95 per cent. alcohol. The tincture was separated by displacement.

This preparation was distributed to all the members of the Middlesex East District Medical Society, early in the winter, for the purpose of testing the drug in such cases as seemed to require an agent possessing the medicinal properties ascribed to this. The statements since made by these gentlemen, as to the results of their trials, have confirmed my own views.

Properties.—The veratrum is a powerful and quite certain arterial sedative. It has been found so sure that, to my knowledge, several members of the above Society, since their attention has been called to it, have carried in their pockets an ounce or two of the tincture to meet the exigencies of daily practice. Says one of these physicians, "I have administered the veratrum in many cases

as an arterial sedative, and the drug has always answered my expectations." Another said, "I want some more tincture; it is a good article. My patients have got well under its use so speedily that I am in some doubt whether nature or the remedy accomplished the cure." A third states that in every case in which he has used it, he has found the pulse invariably to come down.

The emetic, diaphoretic and sternutatory properties of the *veratrum viride* are secondary. That it is an emetic, the nausea and vomiting which attend an overdose sufficiently testify. That it is diaphoretic, has been likewise proved, but with much less certainty; and that it is sternutatory, the writer can establish by his experience of a prolonged sneezing and copious nasal flow, resulting from the inhalation of the dust arising from the dried drug while being comminuted.

The present object, however, is to show that the *veratrum viride* does reduce the pulse, throwing aside all consideration of the other properties. The preparation used in the following cases was, as stated above, a saturated tincture, given in doses varying from one to twenty drops, at intervals of one to six hours. Tilden's *extract of veratrum viride* is evidently a similar preparation, and may be used in the same manner.

Case of *Irritation of Brain* (from the note-book of a friend). Master J. H., 6 years of age, has been, all his life, subject to sick headaches lasting from six hours to two days.

May 5th, 1857, 12, M.—Has had one of his sick turns. Sent for me because he seemed particularly dull, as well as occasionally nauseated. I found some febrile action, but attributed the symptoms to swollen and hard gums. These were cut, and rest, with a few drops of nitrous ether every hour or two, was ordered. At 11, P.M., a hasty summons found him with hot head, rapid pulse, dry skin, frequent cries, and rolling his head in his mother's arms. After a hot pediluvium and cold to the head, his excitement abated, the skin became moist, and pulse less frequent.

6th, 8, A.M.—Very restless during night; frequent outcries; tongue dry; head hot when for a few moments the cold water was left off; pupils natural, but countenance indescribable; pulse 120. Calomel and castor oil ordered at last visit had operated, and he was seemingly unconscious of it. Head was shaved, two small blisters applied to each temple, and two drops of tincture of *veratrum viride* at 10, A.M., 12, M. and 2, P.M. At 2.30, P.M., Dr. S—, of S—, saw him in consultation. We agreed in our estimate of the importance of the symptoms, but the child was easier. Pulse, two hours before, 120; it was now down to 96. The *veratrum viride* was continued.

7th.—Pulse 92. Patient intelligent. Ordered same care, sinapism to feet, and two drops of *veratrum viride* every four hours.

8th.—A great deal better.

I think the veratrum viride had considerable influence in the case.

Pneumonia.—Dr. Cutter, my father, has used the veratrum in a large number of cases, particularly of infants and children, with a success that has been very satisfactory to him.

A. T. F., a stout, hearty shoemaker, of 21 years, got a thorough wetting May 17th, 1857, by being capsized in a boat. The succeeding day he took sick, and was subjected to a domestic "sweat." I saw him the next day. He was a-bed, with face very much flushed, some headache, pain in left side, and cough, with bloody sputa. Pulse 120. Dulness and fine rales over left thorax, lowest third. He was put upon emetic doses of tartrate of antimony and potash, with neutral mixture.

19th.—Tongue dry and yellow. Was purged ten or twelve times. Pulse 104; respiration 28. Gave him nauseating doses of antimony, with neutral and cough mixtures.

20th.—Pulse 104; respiration 28. Feels sore about left hypogastrium. Discontinued the antimony; continued cough and neutral mixtures, and left him veratrum viride, to be taken in six-drop doses every hour.

21st.—Was crazy in the night. Feels weaker. Tongue dry. Complains of pain in præcordium and left lower chest. Physical signs of solidified lung and pericardial effusion. Did not take veratrum viride according to directions. Ordered cough mixture and veratrum viride.

22d.—Took the veratrum. Pulse 80; respiration 32. Feels better, not troubled with pain. Tongue moister. Slept well. Continue the veratrum every two hours. Cough and neutral mixtures.

23d.—Being anxious to get well fast, he took about one drachm of the veratrum viride during twenty-four hours. This vomited him, brought on profuse sweats, and *reduced the pulse to 40!* At the time of my visit, under a discontinuance of the medicine, it was 60. The disease rapidly yielded after this period.

CASE II.—G. F., father of the preceding, succeeded him with a pneumonia of the right lowest lobe. Under the usual treatment, his pulse still kept at 120. Upon taking the tincture of veratrum viride, six drops every two hours, till about half a drachm was exhibited, his pulse fell to 96. By continuing its use, the frequency stood at the same point for several days. It was then omitted, and the pulse rose. Upon a resumption, it fell to 80. The patient experienced much relief from its use, and ultimately recovered.

Phthisis.—Miss N., 21 years of age, who complained of palpitation and præcordial distress, with cough, night sweats and anorexia, presented, on percussion, dulness over upper third of thorax, front and back; on auscultation, well-defined tubercular respiration, with inspiratory and expiratory rales in coughing, and pec-

toriloquy over right upper third; and over left, crackling, with rude respiration. The heart's impulse was strong and heaving, and a bellows-murmur coincided with the first sound. Pulse 120; respiration 40. This patient derived great relief from the *veratrum viride*. At first the frequency was reduced, but afterward, although it rose to its former height and could not be diminished without nausea, still the *feelings* of the patient were improved, and she is, although awaiting a speedy dissolution, continuing its use. (Since the above was written she has been compelled to relinquish it, because of the irritability of the stomach induced by its continued exhibition.)

CASE II.—Mrs. C. G., with all the rational and physical signs of phthisis, was so troubled with palpitation that it formed her chief distress. She was supplied with the *veratrum viride*, an ounce at a time, such was the relief that accrued from its employment.

CASE III.—Mrs. E. W. N., a homœopathic "laywoman," 33 years of age, the mother of three children, and a victim of phthisis, cardiac disease and uterine derangements, complained chiefly of palpitation so distressing that she could not ride, much less walk half a mile. She took the *veratrum*, six drops every three hours until one fluid ounce of the strong tincture was disposed of, and then reported no effect of any kind!

Hæmoptysis.—Mr. H. W., a stone-cutter for twenty years, in January, 1853, had a rather copious hæmoptysis, and up to the time of observation (Dec., 1856), more or less of the same. He complained, during the paroxysm, of præcordial uneasiness and palpitation, and the "blood," to use his language, "seemed to come from the heart." In addition, the man certainly had many of the physical and rational signs of tubercles in the apices of both lungs. Still, the progress was so slow that I rather deemed the cardiac trouble the chief agent in the blood-raising, especially as the second sound was distinctly prolonged. With directions for a general tonic course, and an ounce of the *veratrum viride*, he was dismissed. In June, 1857, he reported himself in perfect health, not yet having had a recurrence of hæmoptysis, and attributed great good to the use of the *veratrum*.

CASE II.—Miss C. R., 15 years of age; began to menstruate before the age of 12. June 10th, 1857.—Had a slight cold for four days. This morning, during a severe paroxysm of coughing, raised some blood. This continued two and a half hours, when she had brought up four fluid ounces. She complained of oppression at the upper third of the chest, and also of some præcordial distress. By physical signs, I was unable to detect any disease. Pulse 85. Her treatment was, quiet, Rochelle salts, tannin, and *veratrum viride* three drops every two hours. Next day, pulse 60. Not much of any recurrence of hæmoptysis. A few days after, reported all well.

Cardiac Functions disturbed.—Mr. M. L. R., a divinity student, consulted me in regard to a pain in epigastrium, and palpitation, which troubled him occasionally, but especially when about to address an audience. I gave him *veratrum viride*, six drops three times a day. This relieved him in a short time, and he applied for a fresh supply for future use.

Mrs. J. A. C., aged 28, had aborted fourteen times in eleven years. She was very much troubled with palpitation. She had used the *veratrum viride*, ten drops thrice a day, without effect. During her fourteenth abortion, the præcordial pain and oppression was distressing. Pulse 120, with other febrile symptoms. She was directed six drops of the *veratrum viride* every hour till nausea or relief. This was taken, and the next day her trouble was abated. Pulse 96. Afterward, however, the drug failed.

Miss L. T., a seamstress of 30 years, had general debility, and also a pain in right hypochondrium and epigastrium while sewing or leaning over. A deep inspiration produced pain. Any excitement or extra exercise brought on palpitation. She was placed upon tonics and tincture of *veratrum viride*. This was in April, 1857. Late in May she sent for more *veratrum*, with the statement that it had helped her much.

Scarlet Fever.—C. P., a boy of 4½ years, May 15, 1857, was taken with anorexia, soreness at stomach and great thirst. His head was hot, and he vomited occasionally. His mother gave him rhubarb and magnesia. The night of the 15th he was tossing about, whining and drinking all the while.

16th, 8.30, A.M.—Pulse 120, incompressible. Skin dry. Face flushed. At 9, 11, 1 and 3 o'clock he took two drops of tincture of *veratrum viride*. At 8, P.M., he was asleep, breathing quietly; a genial perspiration all over; pulse 106, softer. Directed drops again, if fever returned.

17th.—Took *veratrum viride* twice in the night. Pulse 96.

18th.—Down and playing.

F. N. S., a girl of 6 years, when advanced in a well-developed scarlatina, had a pulse of 120. She was directed to take three drops of the *veratrum* every hour. In about six hours the pulse came down to 60, with some nausea. The medicine was then discontinued, and the pulse rose to 108. Upon resuming the *veratrum viride*, in the same dose, but at intervals of two hours, the pulse kept between 60 and 80, up to the seventh day of the complaint, when the little patient was rapidly convalescing.

I will conclude this paper by quoting the written testimony of one of my seniors, who has been kind enough to experiment at my request.

"The *veratrum viride* has been tried by me about nine months. The cases have not been numerous enough in which I have given it, to settle my mind in regard to its reliability. I continue to use

it, and if it shall still impress me as favorably as heretofore, it will take the place in my practice of some old and long-tried remedies. It has been given as a *sedative* in cases of high vascular excitement, usually those of an inflammatory character, in doses of two to six drops, according to the age, in intervals of three hours. In *scarlatina* and *pneumonia* it has, with *much certainty*, reduced the pulse rapidly. It has fallen, under its use, twenty, thirty and even forty beats a minute, in the course of eight hours, and under such circumstances that I had no doubt the change was owing to the remedy. In typhoid fever and some other cases, it has not seemed to do as well, though my trial has not been sufficient to satisfy me of its effects in them."

Woburn, July 18th, 1857.

EXTRACTION OF A COPPER COIN FROM THE *ŒSOPHAGUS*.

BY DR. BELA H. COLEGROVE, SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal by Dr. JAMES B. COLEGROVE.]

MESSRS. EDITORS,—I have regarded the following case as one of very unusual interest, both as to the manner in which it was conducted and its fortunate termination. Whether any similar case stands recorded, or whether such mode of procedure has been authorized in any of the surgical books that have been published, I do not know—certainly none has fallen under my observation.

A little boy of four years, son of Mr. Isaac Carpenter, of the town of Farmersville, in Western New York, accidentally swallowed a copper cent late in the afternoon of November 20th, 1856. The coin was of the ordinary size, being about one and an eighth inch in diameter and two lines in thickness. It appears that while the child was reeling to and fro in a rocking chair, the coin being loose in his mouth—the head being thrown carelessly backward—it fell into the pharynx, and immediately caused a spontaneous, and at the same time powerful effort at deglutition, by means of which it was forced about two inches below the pharynx into the *œsophagus*, and entirely out of sight.

A physician residing in the neighborhood was called, and several attempts made, by means of forceps and blunt hooks, to extract it. It seems, however, that all efforts in this line only resulted in sinking the coin lower in the *œsophagus*.

The day following, Friday, another physician was called, and together, the two renewed their efforts at extraction, but with no success. Saturday was also spent in like manner, when, having failed entirely, all operations for its removal were discontinued, and on Sunday the child was brought to Dr. Colegrove, senior, the parents ready to despair, having been told by the physicians first in attendance, that should the coin once enter the stomach, its re-

moval would be impossible, and would probably result in the death of the child.

From a careful examination of the little patient, it was apparent that the coin lay rather tightly impacted in the œsophagus, not more than one and a half or two inches from the cardiac orifice of the stomach, requiring an instrument some eleven inches long to reach it through the mouth. The mucous membrane of the pharynx and fauces was greatly inflamed and swollen, owing to the irritation which had resulted from the frequent and continued efforts made to extract the coin; so much so, indeed, that all power of deglutition was lost.

The question as to whether, should the coin be forced into the stomach, its expulsion through the intestinal tube would be possible, was indeed doubtful. A more plausible hypothesis seemed that the presence of a foreign body of this character would produce the most serious disturbance in the stomach by the constant irritation which would be kept up, resulting, almost necessarily, in the death of the patient.

What course should now be adopted? Attempt œsophagotomy? The coin was too low down to admit of the operation. Among the surgical instruments in the possession of Dr. Colegrove, senior, none seemed adaptable to the extraction of the coin. No forceps could be found which would meet the case.

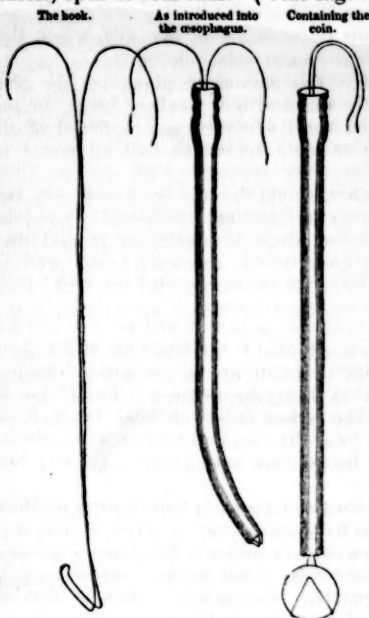
Dr. Colegrove immediately resolved upon a course as novel as it was successful.

A small brass wire, intended to be used in fastening the smallest bones of a skeleton, was to be made use of in attempting to extract the coin. If he failed, with a probang he would push the coin into the stomach, and take the consequences. The idea was conceived of converting the wire into a hook, which should be used to hook the coin out of the œsophagus.

The two ends of the wire, one yard in length, were bent into the shape of the letter V, but on inspection it was observed that the ends of the wire were ragged, and might wound the œsophagus while being withdrawn. It was then proposed to use a larger wire; but the same difficulty existed to a still greater extent, and besides, it was absolutely indispensable that the wire should be extremely flexible. In order to avoid this objection, the small wire was doubled at an equal distance from the ends, and then so bent as to form a hook like the ordinary hook of a lady's dress, except that at its lower angle the wires were so separated as to form a cul-de-sac. The point of the wire where it was first bent was then turned inward, with a view of preventing its becoming entangled in the coats of the œsophagus in trying to extract.

To introduce this instrument *below the coin* was the first step of the operation; and it appeared impossible, from the fact that the wire was so small that it seemed incompetent to sustain a sufficient

amount of pressure to force it by the impacted coin. In order to give it the required strength, it was enclosed in a gum-elastic catheter, open at both ends. (*Vide engraving.*)



The catheter was then introduced into the œsophagus, and quickly passed downward, until the surgeon felt sure that it rested upon the coin. By a little manipulation the end was then passed by the coin, and the sheath containing the wire was made to slip upward upon it, thus liberating the hook. The elasticity of the wire was such as to cause the hook to assume the shape designed by the operator, so that when an attempt was made to withdraw it, it met with a very decided resistance.

Being confident that the coin now rested in the cul-de-sac, the surgeon, by a prompt and forcible effort, withdrew the instrument, and in an instant the coin fell upon

the floor, to the amazement of the bystanders, and the frantic, unspeakable joy of the parents.

Had the end of the hook fastened itself in the œsophagus, the tenuity and flexibility of the wire would have allowed it to straighten, and thus rendered it harmless. At the same time the sharpness of the angle at the point of flexure where the coin rested, made it capable of sustaining a weight of several pounds.

If the history of this case shall in future be of any aid to the practitioner in a similar case, I shall feel abundantly rewarded for the time spent in making this report.

NOTE.—The doctor suggests, that should another case like the above occur to him, he would enclose in the gum-elastic tube *two* hooks made like the one described above, instead of one, facing outward with respect to each other, thus ensuring a double chance to catch the coin on the first trial.

Sardinia, N. Y., July 13th, 1857.

DAVID A. WELLS ON WOOLLEN CLOTHING.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In a book recently published by David A. Wells, entitled "Things not Generally Known," I fell in with an error which it is worth while to notice. On page 296, under the head of "Woollen Clothing," he gives the following:

"A flannel shirt more effectually intercepts or keeps out heat than a linen or cotton one; and whether in warm or cold climates, attains the end of clothing more effectually. The exchange of woollen for cotton undershirts in hot weather is, therefore, an error. This is further proved by ice being preserved from melting when it is wrapped in blankets, which retard, for a long time, the approach of heat to it. These considerations show the error of supposing there is a positive warmth in the materials of clothing. The thick cloak which guards a Spaniard against the cold of winter, is also in summer used by him as protection against the direct rays of the sun."

Now the fallacy of this is at once apparent, and yet it is not an uncommon doctrine. Let us see what is the true state of the case.

The human body is constantly producing caloric, and the temperature of the internal parts is unvarying in health. The blood is always about 98° Fahr. The surface falls somewhat lower, from its heat being conducted away by the surrounding atmosphere. The air is in our climate below blood-heat, except for a very few days in the year.

Why are we clothed? To cover the body with poor conductors of heat, so that our surface temperature may be kept at the normal standard. Woollen is a poorer conductor than linen or cotton, and is therefore worn in the winter. But in the summer season, the atmosphere has a temperature often nearly as high as that of the surface of the body, and consequently we find it necessary to exchange our woollen for substances that will conduct off the animal heat more rapidly, in order to secure a comfortable surface-temperature. In a constant atmosphere of 98° or 100° , we should be as comfortable without clothing as with it; and where it approaches very near this mark, thin linen or cotton is a sufficient covering, simply because very little heat can be lost in that condition of the air, and we may therefore afford it every facility of passing away.

Now, if, on the plan of Mr. Wells, we continue to use woollen garments, what will be the result? Of course the surface-heat will be less rapidly diminished. It is absurd to speak of the human body as being kept cool by flannel, as we would preserve ice from melting in hot weather by wrapping it in the same, since we wish to prevent the passage of heat to the ice, which produces none itself; and to favor the escape of it from the human body, the only

method of avoiding the disagreeable sensations of warmth which we suffer during summer.

Now there are advantages in wearing flannel constantly in our climate, but they are entirely aside from the reasons stated by our author. Where the changes of temperature are so great and sudden, it is certainly safer to protect the surface of the body from very rapid loss of heat and from the evils that sometimes follow the shock of rapid cooling. And this can be done by wearing woollen at all seasons. But it will not make men cooler to wear such in extremely hot weather. And, to pass from the scientific examination of the subject to every-day practice, if it would, why does everybody strip as much as possible in some of our melting summer days? It is absurd to say that they are not taking the right course, for the act is instinctive before experience has taught them. It is not unfair to suspect that the *hidalgos*, who are quoted in support of our author's view, belong to a class of decayed gentlemen whose wardrobes are too scanty to allow them to consult their convenience in the regulation of their costume. The poor wretches would undoubtedly wear linen if they had it.

Instances will be called to mind of individuals who wear woollen from preference during the warm weather, and profess themselves more comfortable than in linen or cotton. This is probably from idiosyncrasy, and not to be adduced in contravention of physical laws and the known comparative conducting power of different materials. And there are also other individual or peculiar effects of different substances on different skins, which cannot always be explained, but which are seen in individual preferences for one or another kind of garment. Thus, some persons wear cotton in cold weather instead of woollen, finding themselves warmer in so doing; individual sensations differ immeasurably, and must not be confounded with physical effects or used to construct general rules.

Many laboring men wear flannel shirts all the year—but it does not follow that they would be warmer in a hot day (as Mr. Wells implies) for leaving them off. Seamen nearly always wear flannel shirts in all climates; but this is necessary from the great variations of temperature to which they are subjected, the changes from hot to cold, from moist to dry, from day to night.

I should have hesitated to occupy so much of your space on a subject which most physicians of course understand very well; but Mr. Wells has a certain degree of authority, I should suppose, in the community, from his annual publication of an abstract of what is new in science and the arts; and this other compilation of his is therefore likely to pass current. Scientific men are bound to see that statements to which they give the sanction of their name are sound. One would not think of correcting the absurd scraps of scientific intelligence which many newspaper editors so kindly spread be-

fore us; but in a publication having the pretension of Mr. Wells's book, we expect accuracy.

In a cursory examination of the work while standing at a bookseller's counter, I found it to contain a great variety of interesting items in science and literature, but some of them are apparently as loose in character as that on which I have been commenting.

Keene, N. H.

W. H. T.

IMPERFORATE RECTUM AND PENIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following singular case of malformation of an infant, which occurred a few days since in my practice, I communicate to your Journal, supposing it may present some novel features to many of your readers.

On the 3d of July I attended Mrs. W. in her fourth confinement. She was delivered of a large male child, weighing, when dressed, thirteen pounds. She was impressed with the idea her child was to be deformed, and immediately upon its advent into the world insisted upon an examination. I passed my eyes over the child, and detecting nothing unusual, pronounced it perfect. I was summoned to the child within a few hours, to give it something to prevent its vomiting, and to facilitate its voiding its water. I ordered the child to be put to the breast, gave it a few drops of nitre, and bid them wait a few hours for its bowels to move. I saw the child again twelve hours after birth, and finding *nothing* had passed it, I instituted a minute examination. I found the anus imperforate, with no vestige of the sphincter. I requested my friend, Dr. Wright, to see the child. We made an incision half an inch in depth, and detected the commencement of the rectum, but it was imperforate. The child died in thirty-six hours after birth, the vomiting continuing with a few moments' cessation. The *prepuce was grown over the extremity of the penis*; opening this, I found the commencement of the urethra, which immediately terminated, leaving the penis imperforate also. I was deprived of a *post-mortem*. It must therefore remain a matter of conjecture whether there was any cyst, and if so, whether it was a blind sac, or communicated with the upper portion of the rectum.

Sag Harbor, L. I. Yours, &c., C. S. STILWELL, M.D.

VALERIANATE OF AMMONIA.

THIS substance appears to attract considerable attention, as a remedy for neuralgia, and has been the subject of a somewhat unseemly squabble among certain members of the Parisian faculty;

but with this we have no concern. When we first saw a notice of it in the periodicals, we could find no mention of its mode of preparation; and as the dose spoken of was by spoonfuls, manifestly of a solution of unknown strength, we were thrown on our own resources to prepare it. Accordingly, we mixed equivalent solutions of valerianate of zinc and carbonate of ammonia, and removing the carbonate of zinc thus formed by filtration, evaporated the filtered liquid, and finding that it would not crystallize, dried and powdered the residue. We found this to be a very expensive process, the product being considerably less than what theory would lead one to expect. M. Laboureur being, like ourselves, without a guide, has also been experimenting; but the process which he adopted was to pass dry ammoniacal gas through mono-hydrated valerianic acid, when he obtained a product perfectly white, and confusedly crystallized. Its composition is, one equivalent of valerianic acid, one of water, and one of ammonia; or, one equivalent of valerianic acid, and one of oxide of ammonium, according to the theory you adopt. It is very deliquescent; when placed on water or alcohol it gyrates rapidly, according to the custom of the valerianates. It has a mixed odor of valerianic acid and of ammonia, but soon loses the latter when put in an exhausted receiver. Its reaction is slightly acid, even when dissolved in water or alcohol. Ether dissolves it, forming an oily liquid; so do the oils, although more slowly. Oil of turpentine gives it the appearance of transparent plastic fat. Heat partially decomposes it, and what remains re-crystallizes by cooling. The acids decompose it, liberating the valerianic acid, which swims on the surface of the liquid.

It appears now, however, that the medicine first introduced to the notice of the profession by Déclat, is a solution of valerianate of ammonia of a fixed strength, which has long been prepared by M. Pierlot, a pharmacien in Paris, and which has been extensively exhibited to the epileptics, both at the Salpêtrière and the Bicêtre. M. Pierlot has at length published his formula, which is as follows: Distilled water, 32 drachms; valerianic acid, 1 drachm; subcarbonate of ammonia, q. s. To neutralize the acid, add alcoholic extract of valerian, 2 scruples.

His object in the construction of this formula, he says, was to obtain a concentrated solution of all the constituents of valerian root, in a condition as little disagreeable as possible. He maintains that valerianic acid pre-exists in the root, and is an educt, not a product, as hitherto presumed.

However that may be, there seems to be some virtue in the medicine. Dr. Desmarres describes a case of intense choroiditis, in which, after considerable depletion and low diet, severe paroxysms of neuralgia supervened. Doses of a grain and a half of sulphate of quinia seemed merely to exasperate the pains. He then tried Pierlot's solution of valerianate of ammonia, in doses

of three coffee-spoonfuls per diem; and the first day the pains so far remitted, that the patient obtained a tranquil sleep, and in a few days more he quite recovered his appetite. Dr. Tuffnell, Professor of Military Surgery in this city, has also tried it in some cases, and found it eminently successful.—*London Chemist, May, 1857, from Dublin Hospital Gazette.*

Bibliographical Notices.

On the Nature, Treatment and Prevention of Pulmonary Consumption, and incidentally of Scrofula, with a Demonstration of the Cause of the Disease. By HENRY M'CORMAC, M.D. London: 1855. 12mo. Pp. 111.

A FEW quotations from this book will convey a clear idea of the author's views concerning the nature of consumption. "Consumption and scrofula in all essentials are one. Tubercle in its varied protean guises is but the result of a deterioration of the blood, or the retention of excretions, carbonaceous and other impurities in the blood." Tubercle "consists principally of a hydrocarbon." "There is the tubercle proper, deposited or not in the compound or many-nucleated cells, as described by Virchow and Van der Kolk, and the fatty matter incorporated with it. But this fat, which is likewise almost a pure hydrocarbon, is itself, I conceive, a constituent of tubercle. So much so is this the case, that liver, really only tuberculous, and in tuberculous cases termed by Louis and others fatty degeneration of the liver, yields fatty, otherwise tuberculous matter freely, on compression between the folds of bibulous paper."

The deposit of tubercle depends upon a cachexy, a dyscrasis of the system, without which no exciting cause, "neither inflammation nor cold-taking, nor starvation nor inferior nourishment, nor chills, nor deficient clothing nor excessive moisture, nor low spirits, nor bodily inaction, nor the suppression of eruptions nor the retention of habitual discharges, nor exhaustion, nor abuse of mercury, nor intemperance, nor supposed hereditary tendencies, will in any case lead to tubercular deposits." What is the cause of this cachexy Dr. M'Cormac does not attempt to explain, but he is very certain that hereditary transmission has nothing to do with it. He terms this dyscrasis the *rational* or *vital* cause, as distinct from the *proximate* or *chemical* cause. Now we might naturally suppose that among the proximate causes capable of developing the disease, in one possessing the tuberculous diathesis, would be included a few of the above-mentioned, generally considered exciting causes, such as taking cold, insufficient nourishment, inflammation, hereditary tendencies, &c.; but no, there is for Dr. M'Cormac but one proximate cause of tuberculosis. "For the first time in the history of disease, the proximate source of tubercle deposits is, in my opinion, capable of exact demonstration. The problem of causation may now in fine be solved. Tuberculous, scrofulous deposits, then, whether in the offspring of scrofulous, consumptive parents, or the offspring of persons free from scrofulous, tuberculous disease, are

alike, and in every case owing to the insufficient, imperfect performance of the respiratory function." Hence, tubercle is carbon, prevented by imperfect respiration from escaping from the lungs, in the form of carbonic acid; and tubercle is produced in no other way. An attack of pleurisy or pneumonia cannot bring on consumption in a patient, however much predisposed to the disease, provided he have plenty of fresh air to breathe; nor could the strongest hereditary predisposition to phthisis (if such a thing exist), endanger the life or health of an individual, provided he were suitably situated with regard to ventilation.

The nature and cause of tuberculous deposit being known, nothing is easier, according to Dr. M'Cormac, than to prevent and to cure the disease. "These all-important facts being positively determined [*i. e.*, that tubercle is carbon, which is deposited in the tissues in consequence of the imperfect performance of the respiratory functions], the cause and radical cure, in short the prevention of consumption and scrofula, with all their concomitant ravages, are placed, as absolutely as smallpox itself has been placed, within human control. There need now be no more consumption, no more scrofula, and diseases which have actually advanced as civilization itself has advanced, henceforth, now indeed and forever, may be set aside." "Consumption, with all its frightful train, is simply and truly and only a violation of the physical laws of our being." Dr. M'Cormac is well aware that his confident expectations are not shared by the profession generally. "I am," says he, "perhaps the only physician of my time and standing, possibly the only one, who is intimately and entirely convinced that the disastrous and wretched malady which it is the object of these pages to illustrate, is not only, when taken very early, very often removable, but what is of still greater importance, that with proper means and appliances it is in every single instance preventible!"

In the treatment of consumption, Dr. M'Cormac wholly eschews medicines. He says that cod-liver oil "contains no active principle or ingredient of any kind. It is not calculated, either directly or indirectly, to exercise the slightest favorable influence on the symptoms or the issue of phthisis." "Indeed, all the codfish in the ocean, were they converted into oil, would not relieve or avert a single instance of consumption." The reader may guess, from what we have quoted, that the sole remedy upon which our author relies, is, plenty of fresh air. "Combined with this, any treatment, not directly or indirectly hurtful, may succeed; without it, no possible treatment can otherwise than fail. A pure, fresh, untainted atmosphere, at all hours, times and places, is the one single condition, which nothing whatever must interfere with or set aside."

In illustrating the fatal effects of the habitual inhalation of impure air in the production of tuberculous disease, Dr. M'Cormac has conveyed a great service, and we wish the lesson could be read by all, lay as well as professional. While we cannot agree with him that this is *the* essential exciting cause of phthisis, we acknowledge that it is a most frequent, a most important one, and one which it is in our power to do away with, in a great measure. We do not believe that the prevention of the disease, much less its cure, is ever likely to be as much within our control as is the case with some others; but we believe that much may be done toward attaining that happy consumi-

mation. We think that in spite of the exaggerations and extravagances which are to be found in Dr. M'Cormac's book, it may be read with instruction and profit.

Principles of Medicine; an Elementary View of the Causes, Nature, Treatment, Diagnosis and Prognosis of Disease; with brief Remarks on Hygienics, or the Preservation of Health. By CHARLES J. B. WILLIAMS, M.D., F.R.S. A new American, from the third and revised London edition. Philadelphia: Blanchard & Lea. 1857. 8vo. pp. 486.

DR. WILLIAMS'S work has long been considered, both in England and this country, as one of the best elementary treatises on the principles of medicine that could be put into the student's hands, of which no better proof can be wanting than the great sale it has had for many years. We do not mean that a great sale is a necessary indication of the value of a book; there are plenty of shallow works which have made the fortunes of their publishers and authors. But when a grave treatise on the principles of the healing art, without the attractions of fanciful theories or absurd speculations, commands an extensive circulation, it must be intrinsically a good work. The present edition contains several important contributions from Mr. George Gulliver on diseases of the blood and inflammation, and from Dr. R. J. Mann on physiology and animal chemistry, besides other improvements, corresponding to the advanced state of the medical sciences. We have not yet had an opportunity of reading the present edition, but remembering the delight with which we perused the first, we promise ourselves much pleasure in renewing our acquaintance with so valuable and interesting a work. We heartily recommend it, both to students and practitioners. For sale by Ticknor & Co.

Manual of Physiology. By WILLIAM SENHOUSE KIRKES, M.D., &c. A new and revised American from the last London edition. With two hundred Illustrations. Philadelphia: Blanchard & Lea. 1857. 12mo. pp. 584.

THE present edition of this popular manual is taken from the third London edition, every portion of which was submitted to a careful revision by the author, who introduced numerous additions and alterations. A few notes have been added by Dr. J. Aitken Meigs, who has superintended the passage of the volume through the press, and has also introduced additional illustrations. The work is well printed, and will be found a reliable and convenient hand-book of physiology. For sale by Ticknor & Co.

Abstract of the Census of the Commonwealth of Massachusetts. Prepared under the direction of FRANCIS DE WITT, Secretary of the Commonwealth.

WE have already printed a few of the most important results of this valuable work, for which we were indebted to the *Daily Advertiser*. In acknowledging the receipt of the book, we cannot forbear again calling attention to the admirable manner in which it is prepared, and the handsome style in which it is executed. The analytical remarks following the tables are from the well-known pen of Dr. SHURTLEFF.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 30, 1857.

THE SUBCARBONATE OF BISMUTH.

THE valuable properties of bismuth, in counteracting many morbid conditions of the stomach, are well known. If it be inert in cases of structural diseases of this organ, or even if its effects be doubtful when employed in those affections depending upon inflammation or congestion of the mucous membrane, its efficacy in the various functional disorders of the stomach are too well known to be insisted upon. Among the symptoms for which it is most successfully prescribed, are pain, vomiting and pyrosis. The form in which the metal is usually administered is that of the tris-nitrate, more commonly called the subnitrate. This substance is insoluble, and it is not improbable that some of the advantages following its use may be owing to this fact. The medicine acts locally upon the diseased part, and its sedative and antispasmodic effects are prolonged because it is not carried away by the circulation. Its very insolubility, however, is a bar to its influence upon the system at large; the secretions are not affected by it, and it produces no alteration upon the temperature of the body, or on the rapidity of the pulse.

Of late, a new preparation of bismuth has been strongly recommended by Professor Hannon, of the University of Brussels, who has been engaged in a series of experiments, with a view to discover some form in which the metal may be administered which will secure its effects on the general system, as well as on the stomach; and the result is, that the *subcarbonate* of bismuth promises, in his opinion, to answer these ends. This preparation is very soluble in the gastric juice, and its action is prompt, without producing that sensation of weight in the stomach which often follows the use of the tris-nitrate; hence it can be continued much longer than the latter preparation. It rarely causes constipation, and does not blacken the stools.

Five or six hours after the ingestion of from ten to fifteen grains of the subcarbonate, the pulse becomes more feeble, and diminishes from two to five beats in the minute; the urine is increased in quantity, and becomes more clear; the appetite diminishes. If the medicine is continued, these phenomena gradually disappear, and in the course of eight or ten days there is an increase in the muscular strength, the appetite improves, and the digestion becomes more easy. If the medicine be continued for too long a time, it produces a sensation of plethora. Thus, its action appears to be sedative during the early part of its employment, and tonic afterward.

Its therapeutic effect resembles that of the tris-nitrate, but is more marked. It may be beneficially administered in all cases of gastralgia consequent upon an inflammatory condition of the stomach and intestines, in which the tongue is red and pointed, the digestion difficult and accompanied by eructations, either tasteless or acid, or by a tendency to diarrhoea or spasmodic vomiting. It has an excellent effect in the diarrhoea of infants, especially when occurring at the period of

weaning. Its alkaline properties give it the very great advantage of neutralizing the excess of acidity which so often exists in the stomach in the various forms of indigestion.

These results of Prof. Hannon have not yet, to our knowledge, been confirmed by other observers, but his views seem so reasonable that we may venture to hope that experience will confirm the truth of them, and that we may be put in possession of a new and valuable remedy for many of those difficult and troublesome symptoms which accompany dyspepsia.

ON THE BLUISH DISCOLORATION OF THE SKIN CAUSED BY NITRATE OF SILVER TAKEN INTERNALLY.

MESSRS. EDITORS,—I translate the following article from the *Gazette des Hopitaux*, in the hope it may be useful to some unfortunate individual whose skin has been turned to a slate color by the useless employment of nitrate of silver as a remedy for epilepsy. S. L. A.

"We find in a German Journal, a note from M. Eichmann on this subject, from which we extract the following passages :

"M. Eichmann has given the crystallized nitrate of silver to twenty-one epileptics. In one case this medicine worked a speedy and radical cure ; in three cases it was necessary to continue its use for a long time ; of the remaining seventeen, five were relieved.

"He gives, at first, the medicine in the dose of an eighth of a grain, three times daily, in a pill. The dose is gradually increased to a grain and a grain and a half, without producing any notable derangement.

"In two patients, who used the remedy in a high dose for a long time, there appeared, nine weeks after taking it, a bluish color, which became by degrees black, and extended over a great part of the body. The discoloration was particularly marked in the hands, neck and face, but it was very evident on the rest of the skin. It was wanting upon the soles of the feet, the knees, the elbows, and wherever cicatrices existed.

"Attributing the discoloration to the silver, M. Eichmann made them take, for three weeks, baths of potash, and for five weeks soap baths. The color disappeared speedily in some subjects, in others it continued for a year, and gradually disappeared at the end of two years and a half.

"These results agree with what is already known of the value of this remedy as an anti-epileptic ; a value very slight, or nothing at all, notwithstanding the tenacity of the cutaneous discoloration."

CATHETERIZING THE LARYNX.

The controversy respecting the feasibility of this operation has again been renewed in New York, through the medium of the newspapers. A correspondent of the *N. Y. Times*, who signs himself "Malakoff," writing from Paris, alluded to a statement of Prof. Trousseau, that he had never seen it performed, and did not believe it could be done. In reply to this statement, Dr. J. H. Douglass writes that he had passed a sponge probang into the trachea of a patient in the presence of M. Trousseau, who was not, however, convinced that it was done. We before remarked, in alluding to this subject, that there are men who

will deny anything; and those who remember the delightful and instructive lectures of the eminent Parisian teacher, will, we think, agree with us in saying that the strong prejudices and somewhat large self-esteem of M. Trousseau would induce him to stick to any assertion that he had once made, just as his brilliant imagination is occasionally taxed for the facts by which he illustrates his favorite theories. We have already stated our opinion that the operation could be done. Although we have never had an opportunity of witnessing it ourselves, the testimony of others, upon whose accurate observation and sound judgment we can rely, is sufficient to convince us of the fact. In particular, we would refer to the case reported by Dr. Bowditch to the Boston Society for Medical Observation, and published in this Journal under the date of October 4, 1855 (Vol. LIII., page 210).

HONORS TO SCIENCE.

WE learn that letters have been just received here from Dr. Paget, of London, announcing the award, by a Committee of the Royal Society, of the Queen's prize of £100 to Dr. Edward Brown-Séquard, the distinguished physiologist, who is now in this city. This is part of the fund annually appropriated by the Queen for the encouragement of scientific researches, to be awarded, under the direction of the Royal Society, to those who have made the most important discoveries in any branch of science during the year. This is the *fourth* prize awarded to Dr. Brown-Séquard within the last eighteen months by scientific bodies, he having last year received a similar prize from the Queen's grant, and also two highly honorable prizes from the French Academy.

It is pleasant to see true merit thus acknowledged by those who are leaders of public opinion in such matters. Dr. Brown-Séquard now stands in the front rank among the men of science in Europe and this country, and it is honorable to his character as a man, as well as a *savant*, that his researches have all a direct practical bearing on the advancement of medical science, and the improvement of medical treatment. The importance of his discoveries in the physiology of the nervous system is already acknowledged by the profession all over the world, and they bid fair to effect a complete revolution in the method of treatment of many cases of nervous disease.

We understand that it is the intention of Dr. Séquard to proceed immediately to Paris to superintend the publication of his work on the Brain and Spinal Cord, whence he will return, in the fall, to take the chair of Professor of Physiology in the Cooper Institute, of New York, to which he has recently been appointed.

POISONING BY LAUDANUM TREATED BY SCALDING WATER.

A CORRESPONDENT from Portsmouth, N. H., sends us the report of a case of poisoning, in a child of six years, who drank an unknown quantity of laudanum from a phial. The symptoms were complete insensibility, pallor, absence of pulsation at the wrists, slight beating of the carotids, and, as the writer states, no perceptible respiration. Scalding water was applied to the feet, by means of cloths. This caused a gasp, and the child drew up her feet. The application was continued for three hours, when the patient recovered. Stimulating injections, beef-tea, and the occasional renewal of the hot water, were

employed for twelve succeeding hours, when the recovery was complete. The feet were not blistered.

American Association for the Advancement of Science.—The annual meeting of this body will open at Montreal on the 12th of August. The Conveyance Committee appointed in Montreal, gives the following notice to persons proposing to attend :

"The Committee has made arrangement with all the railroads and steamboats in the Province, and most of the American lines, to bring the members over for half fare. They will have to produce their letters of invitation in order to entitle them to the benefit of this arrangement.

"But the Committee think it advisable that members who intend coming to the meeting in Montreal should at once present their invitations at the head offices of the railroad in their respective localities, so as to ascertain if they will accede to the arrangement that has been so generally made. Members of the association will be in waiting at the different termini to receive the members on their arrival, and provide them with lodgings, so far as the citizens will place it in their power.

"On one evening during their stay, the members of the Association will be entertained by the faculty of McGill College."

Medical Department of Harvard University.—We desire to call attention to the circular of this School, the lectures of which will begin on the first Wednesday in November. The reputation of the school is too well known to require comment from us. We will only say that the facilities offered by the faculty for the acquirement of a sound medical education were never better than at the present time, whether we consider the talent of the professors, or the advantages offered by the hospitals and other institutions whose privileges are enjoyed by the students of this college.

Health of the City.—Our city continues to be unusually healthy. The number of deaths by disease was only 55 last week, the chief causes being consumption (12) and scarlatina (6). There were but 2 deaths from cholera infantum. The deaths for the corresponding week of 1856 (deducting 10 casualties) was 56, of which only 3 were from consumption, 6 from scarlatina, and 9 from cholera infantum.

CORRECTION.—We are requested to correct an error in the notice of the prize offered by the Mass. Medical Society. Reference is made to a paper by "Dr. W. P. Gairdner," in the Brit. and For. Med. Chir. Review for "April, 1852"; it should be Dr. W. T. Gairdner, and April, 1853.

Communications Received.—On Medical Education.—Domestic Treatment in Severe Cases of Disease.—On the Treatment of Acute Rheumatism.—Cases of Spasm of the Glottis.—Homeopathy; its Testimony against Itself.

Books and Pamphlets received.—Proceedings of the Seventy-fourth Annual Convention of the Connecticut Medical Society, May, 1857.—Transactions of the Indiana State Medical Society at its Eighth Annual Session, May 19th, 1857.—Therapeutic Cultivation; an Address delivered to the Tennessee Medical Society, April 7, 1857. By E. B. Haakins, M.D., President.

DIED.—In Kensington, N. H., July 7th, Dr. Jacob Williams, 70.—In Fryeburg, Me., July 18, Reuel Barrows, M.D., 66.—In New York, July 20, Gardon Saltonstall, M.D., in his 30th year.

Deaths in Boston for the week ending Saturday noon, July 25th, 56. Males 24—Females, 32.—Amennorrhœa, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 2—burns, 1—cancer, 2—consumption, 12—convulsions, 4—cholera infantum, 2—croup, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—typhoid fever, 1—scarlet fever, 6—disease of the heart, 2—inflammation of the lungs, 1—marasmus, 1—palsy, 1—suffocation, 1—syphilis (hereditary), 1—teething, 4—unknown, 1.

Under 5 years, 25—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 40—Ireland, 13.

American Dental Convention.—The third annual meeting of the American Dental Convention will be held in this city on Tuesday, the 4th day of August next, at 12 o'clock, M. As this convention is open to all practising dentists, it is expected that the profession will be largely represented.

A Successful Surgical Operation.—The following is a newspaper report of a case which should be reported in full for some medical journal. It appears in the *Middlebury (Vt.) Register*.

Some time since a boy in this vicinity fell from a tree with an open pen-knife in his hand. He struck in such a manner as to force the blade through his ear and into his head. The blade broke off, leaving an inch and a quarter of its length buried out of sight in the substance of the head. The blade eventually passed into the brain. An application to several eminent surgeons in New York and elsewhere failed to bring relief. The case was at length brought to the attention of Dr. Middleton Goldsmith, of Castleton Medical College, who lately succeeded, by a delicate operation, in removing the blade. After the removal, the brain could be distinctly felt at the bottom of the cavity. The hearing, which had been impaired, was entirely restored, and the boy is now as good as new.

Bloodletting in Epilepsy.—The following constitutes the whole of the report by a special committee "On the Effects of Bloodletting in Epilepsy, Convulsions, &c." It was presented to the Indiana State Medical Society, at its last meeting, by Dr. Hutchinson, chairman of the committee. No one can complain of its prolixity.

"Having examined the literature of the subject, I find that none of our recent authorities have any confidence in bloodletting as a remedy in epilepsy, but, on the contrary, an opposite mode of treatment is advised; the disease being one of debility, instead of plethora. The question being altogether a negative one, and unsuitable for a report, I wish to be discharged from further duty."

Treatment of "Hay Fever."—Dr. D. Lewis, of London, gives the following, in the *Lancet*, as his mode of treating this troublesome, but, fortunately, not very common disease.

"During the first stage—the congestive irritation of the mucous membrane of the nose, causing sneezing, profuse lachrymation and coryza—I give one scruple of powdered guaiacum in a cup of warm tea, on going to bed, for six successive nights; at the end of that period, all the irritation about the nose and eyes is completely removed. During the second stage, when spasmodic paroxysms of an asthmatic character supervene, I give ten drops of the tincture of lobelia in a glass of water three times a day until the symptoms are relieved. Whenever a rale is heard, a sinapism or a blister must be applied.

"By the above treatment, the disease disappears in twenty-one days, instead of two months; but in twelve months the patient must expect another visit."

Royal Medical Benevolent College.—The fifth anniversary festival of this valuable institution was held on Thursday se'nnight at the Freemasons' Tavern, Lord Granville in the chair. The "gathering" was most numerous and influential. The proceedings were of the most cheering and animated character. The subscriptions and donations amounted to nearly £2,500, exclusive of £1,000 from the Devon and Exeter Medical Society.—*London Lancet*, June 6th, 1857.

Philadelphia College of Medicine.—We are pleased to announce that this institution will, after the termination of the present year, give but one full course of lectures annually. The summer lectures will be supplementary only, and will, we understand, be restricted mainly to subjects which do not enter into the winter course. Degrees will be conferred at the termination of the winter course.—*Med. News*.

The Semi-annual Meeting of the Medical Society of the County of Erie was held in this city, at the rooms of the Buffalo Medical Association, on Tuesday, the 9th of June last. No subject of very great importance came before the meeting, and the session was much shorter than usual.—*Buffalo Medical Journal*.

Jenner Monument.—An additional subscription of £45, collected in Russia by his Excellency, Dr. Markus, has been received. Dr. Rodfern, of Aberdeen, has transmitted £16, collected by himself.—*London Lancet*.

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